2011 Benefit Costs For Regular Employees



Regular employees receive county-paid medical, dental and vision coverage, plus basic life insurance, basic accidental and dismemberment (AD&D) insurance and basic long-term disability (LTD) insurance. Regular employees pay for supplemental life insurance, supplemental AD&D insurance and supplemental LTD insurance. The 2011 rates for supplemental insurance are shown below.

Supplemental life insurance

Age	Monthly cost per \$1,000 supplemental life for you	Monthly cost per \$1,000 supplemental life for your spouse/domestic partner	Calculate your total monthly for supplemental life	<i>y</i> cost
Under 25	\$ 0.033	\$ 0.060	Enter your base annual salary (BAS) here	1. \$
25-29	\$ 0.040	\$ 0.072	Enter 1 for 1x your BAS for yourself here Enter 2 for 2x your BAS for yourself here Enter 3 for 3x your BAS for yourself here Enter 4 for 4x your BAS for yourself here	2.
30-39	\$ 0.055	\$ 0.097	Multiply line 1 by line 2 and enter the answer here	3. \$
40-44	\$ 0.069	\$ 0.122	Round line 3 to the next higher \$1,000 and enter the amount here	4
45-49	\$ 0.109	\$ 0.194	Divide line 4 by 1,000 and enter the amount here	5
50-54	\$ 0.189	\$ 0.340	Enter the rate of supplemental life/\$1,000 for your age from the second column here	6. \$
55-59	\$ 0.337	\$ 0.609	Multiply line 5 by line 6 and enter the answer here	7. \$
60-64	\$ 0.448	\$ 0.800	If you elect supplemental life for your spouse/domestic partner, enter 0.5 here; if not, enter 0 and go to step 12	8
65-69	\$ 0.767	\$ 1.374	Multiply line 5 by line 8 and enter the answer here	9.
70+	\$ 1.245	\$ 2.229	Enter the rate of supplemental life/\$1,000 for your age (not your spouse/domestic partner's age) from the third column here	10. \$
			Multiply line 9 by line 10 and enter the answer here	11. \$
			If you elect supplemental life for children, enter \$0.901 here; if not, enter 0	12. \$
			Add lines 7, 11 and 12 for your total monthly cost here	13. \$

Supplemental accidental death and dismemberment (AD&D) insurance

If you elect this supplemental amount	Monthly cost for you	Monthly cost to cover your spouse/domestic partner at 50% of your amount	Monthly cost to cover your spouse/domestic partner at 100% of your amount	Monthly cost to cover all your children at 10% of your amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

Supplemental long-term disability (LTD) insurance

Calculate your total monthly cost for supplemental LTD		
Enter your hourly rate (if you know your base annual salary, go to line 4)	1.	
Enter hours you work each week	2.	
Multiple line 1 by line 2 to determine your weekly salary	3.	
Multiply line 4 by 52 to determine your base annual salary (BAS)	4.	
Divide line 4 by 100	5.	
LTD premium rate	6.	0.20
Multiply line 4 by line 6 to determine your annual cost	7.	
Divide line 6 by to determine your monthly cost	8.	